

# EARLY CHILDHOOD DEVELOPMENT ACT

(Senate Bill 658)

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*Program Guidelines & Administrative Manual*

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Revised October 2002  
Missouri Department of Elementary and Secondary Education  
D. Kent King, Commissioner of Education

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## FOREWORD

Quality parent and early childhood education has been a priority of the Missouri State Board of Education since 1972. In its special report Reaching for Excellence: An Action Plan for Educational Reform in Missouri (March 1984), the State Board of Education recommended that high-quality educational services be made available to every family and preschooler in the State of Missouri. The improvement of early childhood and parent education may be the best, smartest, and least expensive investment our state can make in the long-range effort to improve our schools.

The 83rd General Assembly enacted Senate Bill 658, the Early Childhood Development Act, which authorizes the administration of a program of services for children below kindergarten entry and their parents. This landmark legislation was broadly supported by many agencies, organizations, and individuals. The Department of Social Services, Department of Health and Senior Services, and the Department of Mental Health played a significant role in its development. We are grateful for these and others who recognize the important benefits of parent education programs, screening services, and programs for the developmentally delayed.

The Early Childhood Education Act programs also provide a means of meeting the first National Education Goal regarding readiness for school. By helping parents to increase their confidence and parenting skills, they are better able to support their children's education and development before and after school entry. Periodic screenings increase parents' understanding of their children's developmental progress, as well as alert them to any possible delays. Early intervention for identified problems helps improve chances that children will enter school with "healthy minds and bodies."

It is our hope that the programs and services described in this publication will assist every child in having the best possible start in life. When that occurs, everyone in Missouri benefits.

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# **PROGRAM GUIDELINES AND ADMINISTRATIVE MANUAL**

## **EARLY CHILDHOOD DEVELOPMENT ACT (ECDA)**

### **INTRODUCTION**

A growing body of research over the past two decades clearly indicates a child's most productive and influential years of learning occur before the age of five. Experts generally agree that 50 percent of intelligence is formed by age four. The greatest portion of language is acquired by age three. These findings, along with the establishment of curiosity and social skills, lay the foundations for all further learning. Failure in the early years to develop adequately in these areas has been shown to lead directly to underachievement in the elementary grades and beyond.

According to the 2000 census, there are approximately 369,900 children under the age of five in Missouri. It is estimated that approximately 10% of those children will require special education and an additional 15% will require less intense services, such as remedial or Title I services during their school years. Health care experts estimate as many as 20% of all preschool children in Missouri have health and developmental problems, which affect them in their educational years and beyond. Those numbers and the costs associated with them can be substantially reduced through quality screening, parent education, and early intervention programs.

Parents are the first and most influential teachers in their child's life. Most have been given little or no information on how to give their child the best possible beginning. Since the family is the rightful first educational delivery system for the child, the role of the school in the early years is to assist the family in giving the child a solid educational foundation. Because of evidence that a child's early experiences can significantly enhance or inhibit development and learning, it is both educationally sound, as well as cost-effective, for schools to work cooperatively with the home during the crucial first years.

## **GOALS AND OUTCOMES**

The Early Childhood Development Act authorizes state funding to school districts that provide the following education programs and services to infants, toddlers, and preschool children and their parents:

- Periodic developmental screening for all children birth to kindergarten entry; and
- Parent education for all parents with children prenatal to kindergarten entry.

The general goals of these programs and services are:

- To inform parents of possible delays in their child's development, as well as normal or advanced progression; and
- To provide appropriate and useful information and guidance to parents as their child's primary and most important teachers.

Expected outcomes from these programs and services include:

- Increased parental confidence and involvement in the educational development of their child;
- Early establishment of positive partnerships between home and school;
- Joint cooperation among school districts, agencies, and organizations in providing services to young children, thereby reducing duplication of services and increased cost;
- Reduction of the negative effects of labeling children; and
- Reduction of more expensive remedial and special education services and retentions.

The following sections contain a discussion of each funded service specified under the Early Childhood Development Act, including minimal guidelines for program approval; general administrative procedures for program approval, reimbursement, and contractual services; and a community-based planning and recruitment model for such programs and services.

This publication is designed for use by public school administrators, parent educators, teachers, and other public agency officials to assist in understanding the letter and intent of the Early Childhood Development Act, as well as the state regulations. It is also intended as a resource for the Department of Elementary and Secondary Education and other state agencies in coordinating services and programs for young children and their families.

# **SCREENING**

## **RATIONALE**

Periodic monitoring of a child's development is the foundation of educational guidance to parents. A review with each participating family of their child's progressive developmental profile significantly reduces the possibility that the child will go through the preschool years with an undetected developmental delay. Skills and abilities are developing rapidly during this time. Since many causes of slow development can be treated effectively and efficiently if detected early, it is important they be identified as early as possible. In addition, the recurrent monitoring and review can signify to parents that their child is progressing at a normal or advanced rate of development and can also give direction on how to support and encourage continued growth.

## **DEFINITION AND GOALS**

Developmental screening is defined in the Early Childhood Development Act, Section 1.(1), as ". . . the process of measuring the progress of children to determine if there are problems or potential problems or advanced abilities. . ."

Screening involves the systematic use of relatively simple but effective procedures and observations. It is not to be confused with diagnosis, which is designed to confirm the existence and determine the nature of a particular condition or physical problem.

The short-term goals for each participating family include:

- A review with parents of their child's developmental and physical progress;
- Identification of possible delays, physical problems, or advanced abilities; and
- Provision to parents of helpful information and guidance regarding their child's development.

Expected long-range benefits of screening services include:

- Improved health and development of young children;
- Fewer undetected developmental delays and physical problems among school-aged children; and
- Joint cooperation among agencies serving children, thus reducing duplication of effort and costs.

## **TARGET POPULATION**

All children ages six months to kindergarten entry are eligible for screening services.

Children may be screened once they reach six months of age. However, a child younger than six months may be screened and counted for reimbursement if the family is enrolled in Parents as Teachers and there is indication of a developmental delay. For screening and funding purposes, children should be counted according to the age of the child at the time of the screening.

Example: If a child is two at the time of the screening, he will be counted in the two-year-old category. Districts will be responsible for reporting screening for each age, i.e., under one-, one-, two-, three-, four-, and five- or six-year-old (not in kindergarten). If the district counts kindergarten screening as screening of five- or six-year-olds, a proportionate number of three- and four-year-olds must be screened. Kindergarten screening must be completed before the first day of kindergarten and meet the requirements for a full screening as set forth in this document. **Children may be counted only once for screening reimbursement during a program year.**

Participation in the screening program is voluntary and free to parents. Parents of eligible children should not be refused screening services. Program quotas are sent annually by the Department of Elementary and Secondary Education to local school districts.

## **SCREENING SCHEDULE**

The screening service can occur anytime. The schedule shall be as convenient as possible for all families. If parts of the screening, as described on pages 3 - 13 of this manual, are administered as part of the parent education program, sufficient time must be allowed to complete all components of the parent education visitation in addition to the administration of the screening instruments/procedures. A full screening may **not** be counted as a personal visit.

## **AREAS TO BE SCREENED**

As defined by the Early Childhood Development Act, developmental screening shall include, but need not be limited to, the following areas:

- Understanding and use of language;
- Perception through sight;
- Perception through hearing;
- Motor development and hand-eye coordination; and
- Health and physical development.

Parents must be informed that the health and physical development portion of screening is not a substitute for regular physical examinations by a health care provider. Language development, because of its strong relationship to school success, should receive special emphasis.



## **SCREENING TESTS AND PROCEDURES**

Adequate coverage of developmental skill areas may be obtained through the use of a single, well-rounded screening instrument or through a combination of more narrowly designed tests. Since the ages of the children being screened vary, the tests and procedures also vary. No single screening test is equally effective for all ages or all areas of development. The interrelation of the results of various tests and procedures, parent information, and examiners' observations lend accuracy to screening results.

To meet minimal guidelines, the selected screening test(s) must:

- Be standardized with high reliability and validity;
- Be designed for appropriate age range;
- Alone, or in combination with other tests, adequately cover the areas of expressive and receptive language, and motor development, including hand-eye coordination;
- Convert scores to percentiles or age equivalencies in language and motor development; and
- Be individually administered.

In selecting screening test(s), other questions to consider include:

- Is the screening instrument approved by the Missouri Department of Elementary and Secondary Education?
- Can it be administered in a reasonable amount of time?
- Is it relatively inexpensive?
- Is training required and available?

## **SCREENING PERSONNEL**

The screening team should be led by an educational professional. A health professional (school, county health, or volunteer nurse) should be available in an advisory capacity. Screening examiners may be nonprofessionals (volunteers) given training in the specific procedure or test. Results must be interpreted to parents by professionals who are knowledgeable in child development and developmental problems, skilled in interpreting screening results, and able to communicate results effectively to parents.

Individuals administering screening instruments should be trained in testing procedures and interpretation of results.

The following are suggested individuals who might provide screening services for the districts:

**Health Personnel--**

- School Nurses
- County Health Nurses
- Physicians
- Dentists
- Dental Hygienists

**Educators--**

- Early Childhood Teachers
- Special Education Teachers
- Counselors
- Parent Educators
- School Psychometrists
- Teacher Aides

**Community Resource Personnel--**

- Social Services Personnel
- Mental Health Personnel
- Parents
- Senior Citizens
- Students
- Head Start Personnel

The screening charts on the following pages enumerate the Department of Elementary and Secondary Education approved instruments and required procedures according to age groups and screening areas.

## **APPROVED SCREENING INSTRUMENTS**

Select One Screening Instrument for Each Area.

### **AGE SIX MONTHS TO ONE:**

#### **Language:**

- Ages and Stages Questionnaire (ASQ)\*
- Battelle Screening Inventory
- Denver Developmental Screening Test II
- Early Language Milestone (ELM)
- Preschool Language Skill (PLS) (Child must be 18 months old)

**General Development:** (Including Motor Development, Hand-Eye Coordination, and Personal-Social Development)

- Ages and Stages Questionnaire (ASQ)\*
- Battelle Screening Inventory
- Denver Developmental Screening Test II

### **AGE TWO:**

#### **Language:**

- Ages and Stages Questionnaire (ASQ)\*
- Battelle Screening Inventory
- Brigance Early Preschool
- Denver Development Screening Test II
- Early Language Milestones (ELM)
- Early Screening Profiles (ESP)
- Fluharty Preschool Speech and Language Screening Test
- Preschool Language Scale (PLS)

**General Development:** (Including Motor Development, Hand-Eye Coordination, and Personal-Social Development)

- Ages and Stages Questionnaire (ASQ)\*
- Battelle Screening Inventory
- Brigance Early Preschool
- Denver Developmental Screening Test II
- Early Screening Profiles (ESP)

**\*The ASQ must be completed by the Parent Educator. The “Mail-Out Strategy” is not approved.**

## **AGE THREE:**

### **Language:**

Battelle Screening Inventory  
Brigance Preschool  
Denver Developmental Screening Test II  
Developmental Indicators for the Assessment of Learning (DIAL-III)  
Early Screening Inventory, Revised (ESI-R)  
Early Screening Profiles (ESP)  
First Step Screening Test  
Fluharty Preschool Speech and Language Screening Test  
Preschool Language Scale (PLS)

**General Development:** (Including Motor Development, Hand-Eye Coordination, and Personal-Social Development)

Battelle Screening Inventory  
Brigance Preschool  
Denver Developmental Screening Test II  
Developmental Indicators for the Assessment of Learning (DIAL-III)  
Early Screening Inventory, Revised (ESI-R)  
Early Screening Profiles (ESP)  
First Step Screening Test

## **AGE FOUR TO KINDERGARTEN ENTRY:**

### **Language:**

Battelle Screening Inventory  
Brigance K-1  
Developmental Indicators for the Assessment of Learning (DIAL-III)  
Early Screening Inventory, Revised (ESI-R)  
Early Screening Profiles (ESP)  
First Step Screening Test  
Fluharty Preschool Speech and Language Screening Test  
Preschool Language Scale (PLS)

**General Development:** (Including Motor Development, Hand-Eye Coordination, and Personal-Social Development)

Battelle Screening Inventory  
Brigance K-1  
Developmental Indicators for the Assessment of Learning (DIAL-III)  
Early Screening Inventory, Revised (ESI-R)  
Early Screening Profiles (ESP)  
First Step Screening Test

## REQUIRED PROCEDURES

### HEARING SCREENING FOR ALL AGES REQUIRES:

- 1) Health Questionnaire--questions pertaining to child's prenatal and birth history, observed behaviors, et cetera
- 2) Observation--response to voice and other sound, location of source of sounds at different frequencies

### VISION SCREENING FOR ALL AGES REQUIRES:

- 1) Health Questionnaire--appearance of eyes, redness, encrusted lids, et cetera
- 2) Functional Assessment--pupillary response, corneal light reflex, blink reflex, alternate cover test, tracking and reaching

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### AGE SIX MONTHS TO ONE:

#### Hearing:

Health Questionnaire  
Observation  
Tympanometry (If Available)

#### Vision:

Health Questionnaire  
Functional Assessment  
Visual Acuity (If Appropriate)

#### Health and Physical Development:

Health Questionnaire--health history, immunizations  
Measurements--height, weight, head circumference  
Nutritional Assessment  
Dental Check

### AGE TWO:

#### Hearing:

Health Questionnaire  
Observation  
Tympanometry (If Available)  
Audiometry or VASC (If Appropriate)

#### Vision:

Health Questionnaire  
Functional Assessment  
Visual Acuity--Lighthouse Flash Card Test or HOTV Chart (If Appropriate)

#### Health and Physical Development:

Health Questionnaire--health history, immunizations  
Measurements--height, weight, head circumference  
Nutritional Assessment and Dental Check

## **AGE THREE:**

### **Hearing:**

- Health Questionnaire
- Observation
- Tympanometry (If Available)
- Audiometry (If Appropriate)

### **Vision:**

- Health Questionnaire
- Functional Assessment
- Visual Acuity--Lighthouse Flash Card Test or HOTV Chart (If Appropriate)

### **Health and Physical Development:**

- Health Questionnaire--health history, immunizations
- Measurements--height, weight
- Nutritional Assessment
- Dental Check

## **AGE FOUR TO KINDERGARTEN ENTRY:**

### **Hearing:**

- Health Questionnaire
- Observation
- Tympanometry (If Available)
- Audiometry or VASC

### **Vision:**

- Health Questionnaire
- Functional Assessment
- Visual Acuity--Lighthouse Flash Card Test or HOTV Chart

### **Health and Physical Development:**

- Health Questionnaire--health history, immunizations
- Measurements--height, weight
- Nutritional Assessment
- Dental Check

**NOTE: If parents indicate the child has been examined by a health care professional (medical doctor, nurse, county health professional, etc.) within the past six months, and the examination included the measurement and nutritional assessment, this information may be used. Screening manuals for health and physical development, vision, and hearing are available in each school district, or contact the Parents as Teachers National Center.**

## **SCREENING DECISIONS**

The outcome of screening is not to label some children as delayed or advanced, but to identify areas of development where delays or advanced conditions may exist. As children and parents progress through the continuum of services, the collection of information through periodic screening and parent education should provide an increasingly clear picture of a child's relative strengths and areas of concern.

- Children, with or without possible physical problems, whose developmental functioning falls below the criteria established in the screening test(s), combined with observations and parent reports, may have developmental delays.
- There may be children whose development is so delayed that handicapping conditions seem certain. In those cases, school districts will follow the procedures outlined in state and federal statutes and regulations.
- Children, with or without possible developmental delays, whose physical functioning falls below the criteria established in the sensory, health, and physical procedures may have physical problems.
- While a valid and reliable method of screening for advanced abilities may not be available for one- and two-year-old children, there may be children whose development, particularly in the area of language, is so accelerated that they may be considered to have advanced abilities.
- Three- and four-year-old children who perform significantly high (at or above the 90th percentile or two years or more above their chronological age) on standardized instruments, particularly in the area of language, combined with observations and parent reports, are considered to have advanced abilities.

## **REPORTING TO PARENTS**

The most critical aspect of the screening process is the sharing of accurate and helpful information with parents. This **personal conference** must take place at the time of screening or shortly thereafter. The conference should be approached as a developmental review, the mutual sharing of the child's achievements, as well as any areas of concern. In this way, all parents can be helped to better understand their child's progress.

In addition to the personal conference, **all participating parents must receive a written summary of their child's screening results, with suggestions on fostering learning in the home**, whether or not there are implications for further recommendations. In addition, all parents must be informed of other available services provided under the Early Childhood Development Act for which they are eligible.

Parents should be encouraged to share the screening information with their child's physician if possible delays and/or physical problems are detected. Families without the services of a physician should be advised of other health-providing services (i.e., Well Child Clinics through county health departments).

Districts should provide a resource network for other related services to young children and their families (i.e., counseling services through a mental health agency). **An updated community resource list with relevant information shall be available.** Suggestions for developing such a list are included in the Community-Based Planning and Recruitment Model.

Any screening information released by the school to a third party requires the prior written consent of the parent, guardian, or other custodian of a student under the age of eighteen years. Districts are not financially obligated for non-district services rendered as a result of recommendations, except for evaluations covered under state and federal statutes and regulations concerning handicapped children. Districts collaborating with other programs, such as Head Start, must have this written consent in order to share screening results between programs.

## **EVALUATION**

Screening programs can be evaluated in the context of:

- A parent questionnaire;
- The degree of participation from the total eligible population;
- The degree of participation from the high-needs population;
- The accuracy with which possible developmental delays and physical problems were identified; and
- The accuracy and effectiveness of recommendations.

The effectiveness of a district's screening program will depend to a large degree on the quality of the awareness campaign, as well as the planning and the organization of the program. The Community-Based Planning and Recruitment Model provides direction for increasing the possibility that all parents are aware of screening services.



# **PARENT EDUCATION PROGRAMS**

## **RATIONALE**

Parent education includes the provision of resource materials on home learning activities, personal and group educational guidance, individual and group learning experiences for the parent and child, and other activities that enable parents to maximize learning in the home.

Through the provision of timely information, educational guidance, and interactions with the family, parents' confidence and ability in fostering their child's development and learning are increased. Acknowledging that parents are teachers and giving them the information to do the job can help their children have the best possible start in life.

The short-term goals of these programs for participating families include:

- Increased knowledge of child development;
- Increased confidence in child-rearing activities;
- Positive feelings about the program's usefulness;
- Positive attitudes toward the school district; and
- Identification of conditions which might interfere with the child's normal development.

Participants, school districts, and communities are expected to accrue long-term benefits, including:

- A reduction in the need for expensive remediation and special education services;
- A committed partnership between home and school that will extend into the formal school years;
- The establishment of a practical, community-based system for providing helpful educational information and services to parents of young children; and
- A resource network to inform families of young children of non-educational services.

# **PARENT EDUCATION FOR FAMILIES WITH CHILDREN PRENATAL TO THREE**

## **DESCRIPTION OF SERVICES**

Because parental influence in the rapidly changing first three years of a child's life is so important for later learning, a strong program of parent education is offered for all families of these children. The parent education program offers the following services within an organized curriculum:

- Personal visits;
- Group meetings; and
- Monitoring children's development.

Personal visits, preferably in the home, allow the parent educator to individualize educational guidance to each family, to observe the child and parent-child interactions, to provide timely information on the child's development and parent-child activities, and to respond to each parent's concerns. Printed materials provided at each age level suggest books to read, games to play, ways to teach by using materials found in the home, and places of interest to visit with the child.

Group meetings for parents of similarly aged children provide an excellent means for gaining new insights and information. They also enable families to share common concerns, frustrations, and successes in the rearing and teaching of their children. These meetings are scheduled to allow participation of both fathers and mothers. Resource people in the community can lend considerable interest to group meetings by addressing a wide variety of interesting topics and concern to parents.

It is important for parent educators to schedule personal visits and group meetings at times and locations that accommodate the needs of individual families. Contents of group meetings should be based on the interests and needs of participating families. While activities involving children may be included, the focus of the group meetings must be on parent education. Group meetings and personal visits must follow the procedures described in the Parents as Teachers Born to Learn curriculum.

## **ELIGIBILITY**

All families with children ages prenatal to three are eligible for parent education services. Participation is voluntary and free to the parents. A waiting list is not permitted unless the program has reached the quota set for the district. Parents of eligible children should not be refused parent education services unless the district has met its parent education quotas. When the children reach their third birthday, the families must exit the Prenatal to Three Program.

## **SERVICE DELIVERY**

### **BASIC SERVICES**

Parent education should be available on a year-round basis when possible, because babies are born year-round, and families need the availability of services year-round. Parent education services must be offered by the school district for a minimum of an eight-month period. Services offered must include a minimum of eight contacts for each family during the program year consisting of:

- Four to six personal visits of approximately one hour each per family during the program year, may include two prenatal visits; and
- Two to four educational group sessions with parents of similarly aged children for each family during the program year.

Parent educators should not dilute their effectiveness by attempting to provide social services to families. For needs other than parent education, parents should be advised of appropriate agencies.

### **PRENATAL SERVICES**

Districts may report for reimbursement two prenatal contacts. Group meetings designed specifically to provide prenatal information may be counted for reimbursement. Otherwise, the prenatal contacts must be personal visits.

### **ADDITIONAL PARENT EDUCATION SERVICES TO FAMILIES WITH HIGH-NEEDS (CHILDREN AGES PRENATAL TO THREE)**

Funds for providing additional services to a limited number of families with indicated high needs are available.

- Use of these “high-needs” funds are available for Parents as Teachers families displaying one or more of the characteristics listed on the following page.
- Additional contacts are above and beyond the basic program services. A family must have received the five basic contacts for full reimbursement (Full Service Equivalent Unit) to be eligible for the additional contacts.
- Additional contacts will be personal visits.
- A maximum of ten prenatal contacts may be provided to high-needs families. Two of the ten contacts may be group meetings if they are specifically designed to provide prenatal information.
- **Twenty-five** contacts (five basic contacts and up to 20 high-needs contacts) per family with indicated high needs is the maximum for reimbursement. High-needs quotas will be stated in terms of contacts.

**NOTE: Additional reimbursement for families with two or more eligible children will not apply to the additional contacts.**

## **High-Needs Characteristics**

**Teen Parents** – Parents under the age of twenty years, during the program year, with children prenatal to five.

**Child with Disabilities** – A child with a physical or mental impairment that substantially limits one or more major life activities.

**Parents with Disabilities** – A parent with a physical or mental impairment that substantially limits one or more major life activities.

**Low Educational Attainment** – A parent who did not complete high school or GED and is not enrolled.

**Low Income** – Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, Women Infant and Children, Food Stamps, Temporary Assistance for Needy Families, Head Start/Early Head Start, and/or Medicaid.

**Speakers of Other Languages** – A language other than English is the primary language spoken in the home.

**Single-Parent Household** – Only one parent is present in the home and has need for additional services.

**Chemical Dependencies** – The inability to stop drinking or using drugs despite serious consequences.

**Foster Parents, Court-Appointed Legal Guardians, or Adoptive Parents** – The child is placed with foster parents, court-appointed legal guardian; or adoptions occurring within the program year.

**Transient/Numerous Family Relocations and/or Homeless** – Moves frequently; lacks a fixed, regular, and/or adequate residence.

**Involvement with the Corrections System** – Incarcerated or probation-restricted parent.

**Low Birth Weight** – Birth weight is under 2500 grams or 5.5 lbs., which affects the development of the child.

**Involvement with Mental Health or Social Services Agencies** – Child or parent is involved with Mental Health or Social Services Agency.

**Relative who is the Primary Person in the Parent Support System** – Grandparents, aunts, uncles, etc., who have the primary care of the child/children.

**Death in the Immediate Family** – The death of the child, parent, or sibling.

**Ongoing Health Problem of Child, Parent or Sibling** - Ongoing health problem serious enough to substantially limit one or more major life activities.

**Children with Serious Behavior Concerns** – Children who exhibit atypical behaviors for their age and developmental level.

**Referred to PAT Program Because of Suspected Child Abuse** – Referred by appropriate agency due to suspected child abuse.

**Multiple Children Under Age 5** – Three or more children under the age of 3; *or* 4 or more children under kindergarten age.

## TEEN PARENTS

- Due to the uniqueness of the serving of teen parents, a minimum of **one** personal contact is required in the basic Full Service Equivalent Unit. This reduces the number of personal visits required from three to one for the **teen population only**. All high-needs contacts may be group meetings. Group meetings counted for reimbursement must be designed specifically for teen parents. Because of the importance of observing the parent(s) and child together as an individual family, districts should continue to encourage more than one personal visit.
- Research supports the importance of addressing prenatal needs, which result in healthier babies and mothers. Districts may report for reimbursement a maximum of **ten** prenatal contacts to teen parents (five contacts in the basic Full Service Equivalent Unit and up to five of additional high-needs contacts).

## PERSONNEL

A certified parent educator is defined as the person responsible for delivering direct parent education services to families. Qualifications shall include:

1. Certification and a four-year degree in one of the following:

- Early Childhood Education
- Early Childhood Special Education
- Elementary Education
- Vocational Home Economics or Family and Consumer Sciences

and demonstrated ability in working with young children and their parents;

**OR**

2. A two-year associate degree or two-year certificate program in Early Childhood Education, Child Development, or Nursing and demonstrated ability in working with young children and their parents;

**OR**

3. Sixty college hours and two years of successful experience in a program working with young children and their parents;

**OR**

4. Five years of successful experience in a program working with young children and their parents;

**AND**

5. Successful completion of the Department of Elementary and Secondary Education approved training in parent education regardless of previous training and experience according to the following schedule:

- A minimum of 30 hours of preservice training.

(Parenting experience is *strongly recommended* but not required.)

## **For Certificate Renewal:**

- A minimum of 20 hours of approved professional development training during the first year of employment in an approved program (16 - 18 of these hours must be acquired by observing a personal visit conducted by a trained parent educator (one hour)), the Personal Visit Consultation (two hours) and attendance at the Health, Vision and Hearing Screening (five hours), and the Denver II (five hours) or ASQ (three hours) inservice training, and by attending a 6<sup>th</sup> day of institute (five hours);
- A minimum of fifteen hours of approved professional development during the second year of employment in an approved program;
- A minimum of ten hours approved professional development during the third to fifth years of employment in an approved program.
- A minimum of ten hours of approved professional development during the sixth and following years of employment in an approved program and a professional growth plan must be developed cooperatively with their administrator. Parent educators should consult with the Parent as Teachers National Center as to the appropriate activities.
- All parent educators are required to have approved training in and use the revised 1999 Parents as Teachers *Born to Learn* <sup>TM</sup> curriculum.

Parent Educators must complete the required number of professional development hours between July 1 and June 30. Completion of professional development hours must be submitted to the PAT National Center by July 1.

**NOTE: All parent educators are strongly recommended to attend the April Department of Elementary and Secondary Education/Parents as Teachers Professional Development training on the Early Childhood Development Act Application and Final Report.**

Parent educators may not be certified to begin rendering services for which the district expects to receive reimbursement until completion of the following requirements:

1. 30 hours of preservice training (1999 Revised Curriculum);
2. Successful completion of an approvable implementation plan; and
3. A personal visit observation of an experienced parent educator.

Parent educators must complete the above requirements before the end of the program year in which the district expects to receive reimbursement. Districts will not be reimbursed for any services delivered by parent educators who are not fully certified.

## **ADMINISTRATION OF PARENTS AS TEACHERS PROGRAM**

**All** individuals responsible for supervising Parents as Teachers should attend the two-day Supervisor Training provided by the Parents as Teachers National Center. **New** Parents as Teachers supervisors must attend the training. A supervisor's certificate is issued upon completion of the trainings.

## **CURRICULUM**

The curriculum developed in the Parents as Teachers program is endorsed by the Department of Elementary and Secondary Education. School districts are strongly encouraged to implement this curriculum. Comparable curriculum must be submitted for approval. Approval is based on the following:

- It is based on valid research;
- It correlates with child development from birth to age three;
- It focuses on the major influences parents have on that development; and
- Ongoing professional development is provided.

## **EVALUATION**

The stated goals of the parent education programs on page 14, plus additional specific local program and community goals, provide the criteria for ongoing evaluation.

Parent education programs can be evaluated in the context of:

- A parent questionnaire;
- The degree of participation from the total eligible population;
- The degree of increased participation from the previous year's participation;
- The percentage of participating parents who recommend the program to other families;
- The population served by the Parents as Teachers program is reflective of the social economic population of the district; and
- Information from the Internal Coordinating Committee and/or the Community Advisory Committee.

# **PARENT EDUCATION FOR FAMILIES OF CHILDREN AGES THREE TO FIVE**

## **DESCRIPTION OF SERVICES**

Because parental influence in the rapidly changing first three years of a child's life is so important for later learning, a strong program of parent education is offered for all families of these children. The parent education program offers the following services within an organized curriculum:

- Personal visits;
- Group meetings; and
- Monitoring children's development.

Personal visits, preferably in the home, allow the parent educator to individualize educational guidance to each family, to observe the child and parent-child interactions, to provide timely information on the child's development and parent-child activities, and to respond to each parent's concerns. Printed materials provided at each age level suggest books to read, games to play, ways to teach by using materials found in the home, and places of interest to visit with the child.

Group meetings for parents of similarly aged children provide an excellent means for gaining new insights and information. They also enable families to share common concerns, frustrations, and successes in the rearing and teaching of their children. These meetings are scheduled to allow participation of both fathers and mothers. Resource people in the community can lend considerable interest to group meetings by addressing a wide variety of interesting topics and concern to parents.

It is important for parent educators to schedule personal visits and group meetings at times and locations that accommodate the needs of individual families. Contents of group meetings should be based on the interests and needs of participating families. While activities involving children may be included, the focus of the group meetings must be on parent education. Group meetings and personal visits must follow the procedures described in the Parents as Teachers *Born to Learn*<sup>TM</sup> curriculum.

## **ELIGIBILITY**

Parents of children ages three to five are eligible to participate in the parent education program. Four-year-old children include children age five who are not participating in kindergarten. Participation is voluntary and free to parents. A waiting list is not permitted unless the program has reached the quota set for the district. Parents of eligible children cannot be refused parent education services unless the district has met its parent education quotas.



## **SERVICE DELIVERY**

### **BASIC SERVICES**

A minimum of two contacts (personal visit or group meeting) shall be offered in the parent education program, including provision of appropriate materials.

### **ADDITIONAL PARENT EDUCATION SERVICES TO FAMILIES WITH HIGH-NEEDS (CHILDREN AGES THREE TO FIVE)**

Funds for providing additional services to a limited number of families with indicated high needs are available.

- Use of these “high-needs” funds is available for Parents as Teachers families displaying one or more of the characteristics listed on page 16.
- Additional contacts are above and beyond the basic program services. A family must have received the one basic contact to be eligible for the additional contacts.
- Additional contacts will be personal visits. All high-needs services must be delivered by an individual certified in the three to five Parents as Teachers curriculum.
- **Twenty-five** contacts (one basic contact and up to 24 high-needs contacts) per family with indicated high needs is the maximum for reimbursement. High-needs quotas will be stated in terms of contacts.

**NOTE: Additional reimbursement for families with two or more eligible children will not apply to three to five families.**

#### **High-Needs Characteristics**

\*Refer to page 16 for High-Needs Characteristics.

## **PERSONNEL**

This service provider should be a professional who is knowledgeable in child development, able to relate well to parents, and responsible for planning and organizing the parent education program. A variety of professionals may be involved in the parent education program including, but not limited to, parent educators, kindergarten teachers, home economics teachers, and early childhood teachers. Since a portion of the regional professional development hours are dedicated to parent educators serving families with three- to five-year-olds, it is recommended that the personnel responsible for delivering services to these families participate in the Regional Professional Development Training specific to this category.

Personal visits to families with children three to five must be delivered by a parent educator trained in and using the three to five Parents as Teachers curriculum.

## **EVALUATION**

The stated goals of the parent education programs, plus additional specific local program and community goals, provide the criteria for ongoing evaluation.

Parent education programs can be evaluated in the context of:

- A parent questionnaire;
- The degree of participation from the total eligible population;
- The percentage of increased participation from the previous year's participation;
- The percentage of participating parents who recommend the program to other families;
- The population served by the Parents as Teachers program is reflective of the social economic population of the district; and
- Information from the Internal Coordinating Committee and/or the Community Advisory Committee.

## **RECORDKEEPING**

### **SCREENING**

Two types of records on screening services must be maintained:

1. Developmental information derived from screening will be maintained on each individual child including:
  - Screening Summary;
  - Screening Protocol; and
  - Health Questionnaires.

*(This information must become part of the child's cumulative record until the child has completed third grade. Parents have the right to review their child's records and are protected, as are all parents, by the Family Educational Rights and Privacy Act.)*

2. School districts must also maintain verification of service records for purposes of justifying reimbursements. Verification of service records will include the number of children:
  - Screened by age divisions;
  - With indicated developmental (language and motor) problems by age divisions;
  - With possible hearing problems by age divisions;
  - With possible vision problems by age divisions;
  - With possible health and physical problems by age divisions; and
  - Ages three and four with advanced abilities.

*(This information will be requested by the Department of Elementary and Secondary Education as a part of the Final Report at the end of the program year.)*

### **PARENT EDUCATION**

Throughout the program year, parent educators must keep educational records of each personal visit and group meeting plus additional information. Records must include the following:

1. Personal visit records should cover the content of the visit, outline issues raised by the parents, and give general comments pertaining to all areas of the child's development (language, social, intellectual, and physical development). Plans and appointment for the next visit should be discussed. Such reports are essential for monitoring child and family progress and serve as background material for staff discussion on providing appropriate educational guidance to each family.

2. Group meeting records must be maintained and include attendance, content covered, issues raised by parents, handouts, and an evaluation of the meeting. A brief enrollment form must be included from families with children ages three to five who have not participated in the Parents as Teachers program previously.
3. In addition, the following verification of service records for each family must be maintained to support requests for reimbursement:

### **Birth to Three Program and Three to Five Program**

- Name of family and child;
  - Birth date of child;
  - Entry date into program;
  - Exit date from program, if applicable;
  - Number of personal visits received; and
  - Number of group sessions attended.
4. Internal Coordinating Committee and/or Community Advisory Committee records should include a list of members, dates, and agenda/minutes of meetings; and
  5. Community Resource Manual.

### **RETENTION OF RECORDS**

- Cumulative records should include the screening summaries including screening protocols, exit report, individual service record summary, and the health questionnaire. This information must be retained and transferred to the next level of programming until the child has completed third grade. Information on the families participating in Parents as Teachers must become a part of the child's permanent records. Personal visit plans must be kept until the child enters kindergarten.
- Each district must establish a systematic method for storing parent education records on site at the district. Districts must provide storage space for records that keeps them readily accessible, fire-safe, and available for review and audit.
- Verification of service records for programs and services under the Early Childhood Development Act must be retained for five years after the close of the fiscal year in which the services were delivered for audit purposes.

*(Parents have the right to review their child's records and are protected, as are all parents, by the Family Educational Rights and Privacy Act.)*

## **GENERAL ADMINISTRATIVE REQUIREMENTS**

The following information is provided to assist school districts and agencies in submitting applications and making reports to the Department of Elementary and Secondary Education.

### **PROGRAM APPLICATION**

Each school district must submit a program application to the Department of Elementary and Secondary Education in such form as may be required and prepared by the Department of Elementary and Secondary Education to meet the program guidelines. District services will be required to furnish information assuring intended compliance with the program standards stated in these guidelines. Districts using curriculum other than the recommended curriculum for the Parent Education (birth to age three) program must submit a description of the curriculum with the program application. The description must include research validating the curriculum, an outline of curriculum goals and objectives, and samples of the materials to be used with parents. The Department of Elementary and Secondary Education will assist any school district with a program application not in substantially approvable form before finally rejecting the application.

Applications must be submitted by the required date. With respect to application approval, the Department of Elementary and Secondary Education will approve applications even though one or more of the parent educators have not completed certification requirements at the time of submittal. The Department of Elementary and Secondary Education will monitor certification of parent educators. If the Department of Elementary and Secondary Education determines that a parent educator has rendered services before completing preservice training, the services rendered by that parent educator will not be reimbursable. Any payment already received by the district for those services will be refundable.

### **SUSPENSION OF APPROVAL**

In the event that the Department of Elementary and Secondary Education finds that a school district receiving funds under the Early Childhood Development Act has failed substantially to comply with the approved program application, the school district shall be notified that further payments will be withheld until there is no longer any such failure to comply.

### **PAYMENT PROCEDURES**

Each school district will be notified annually by the Department of Elementary and Secondary Education of the estimated number of eligible children or families in each program the district might serve within available appropriations. Each district will be allocated an amount of funds based on a quota calculated for each program multiplied by the appropriate reimbursement rate.

If a district serves less than the district quota for any program, the excess allocation will be reallocated on a pro rata basis to school districts which served more children and/or families than their quota. If a district has received more funds than it is entitled to, based upon services actually provided, the excess will be refunded to the Department of Elementary and Secondary Education.

In order to provide districts with more operating money throughout the year, the Department of Elementary and Secondary Education will pay 40% of the district's allocation in September and 40% in January. The second payment may be reduced or withheld for districts that may not meet their quotas. The final payment will be made after the final report is submitted to the Department of Elementary and Secondary Education (usually June of the program year.)

## **REPORTING**

Each school district, which receives funds under the Early Childhood Development Act, shall submit to the Department of Elementary and Secondary Education reports to enable the Department of Elementary and Secondary Education to fulfill its responsibilities.

Each district receiving Early Childhood Development Act funds must submit a final report as soon as possible after services end, but in no case later than May 15. Early Childhood Development Act funds may be withheld or forfeited unless these reports are completed and forwarded as required.

School districts will be required in the final report to assure compliance with the district's approved program application for programs offered in the district, which are funded under the Early Childhood Development Act, and to provide numbers of participants in each program eligible for reimbursement.

## **REIMBURSEMENT STANDARDS**

The following standards establish participation requirements for reimbursement:

1. **Screening – Birth to Five:** Reimbursement for a complete screening must be claimed in the same fiscal year in which the screening services were rendered. A complete screening includes a health questionnaire, developmental screening, hearing, vision, and screening summary with exit conference. Screening may begin May 16 of the program year.
2. **Parent Education – Prenatal to Three Program:** District allocations for the Parents as Teachers Program (prenatal to three program) are based on an assumption of full service for each participating family. The full allocation, based on the quota, is accessible to the district provided the total of full-service equivalent units is served and sufficient funds are available.

Full-Service Equivalent Unit: The aggregate of all personal visits and participating families counted during a group meeting provided under the Parents as Teachers Program divided by five. For example, if 35 families receive a total of 102 personal visits and are counted for 55 attendances at group meetings, the full-service equivalent units would be 31.4.

$$102 + 55 = 157 \qquad 157 / 5 = 31.4$$

It is not unusual for 25% or more of eligible families to participate at partial service levels. Districts giving partial services may provide services to and request reimbursement for additional families above the stated quota. Reimbursement for services over quota are dependent on the availability of Early Childhood Development Act funds.

The following reimbursement schedule will be used for the Parents as Teachers (birth to three) program:

- Full (100%) reimbursement for families participating in a minimum of five contacts, at least three of which are personal visits;
- Partial (80%) reimbursement for families participating in a minimum of four contacts, at least two of which are personal visits;
- Partial (60%) reimbursement for families participating in a minimum of three contacts, at least two of which are personal visits;
- Partial (40%) reimbursement for families participating in a minimum of two contacts, at least one of which is a personal visit; and
- Partial (20%) reimbursement for families participating in a personal visit.

***Examples of How the Reimbursement Schedule Could Be Applied***

In the following examples, an assumption is made that the district quota for the Parents as Teachers Program (prenatal - three) is 100 families funded at the rate of \$235 for a full-service equivalent unit (FSEU). The allocation in this example is \$23,500 (100 families x \$235 /FSEU).

***Example 1 - Additional Families Served***

<u>No. Families</u>	<u>No. Contacts</u>	<u>Cost/Family</u>	<u>Total</u>
50	5 (100%)	\$235	\$11,750
25	4 (80% )	\$188	\$ 4,700
25	3 (60% )	\$141	\$ 3,525
25	2 (40% )	\$ 94	\$ 2,350
25	1 (20% )	\$ 47	\$ 1,175
150 families (100 FSEUs)			\$23,500

***Example 2 - Exceeding the FSEU Quota***

50	5 (100%)	\$235	\$11,750
32	4 (80% )	\$188	\$ 6,016
39	3 (60% )	\$141	\$ 5,499
20	2 (40% )	\$ 91	\$ 1,820
141 families (107 FSEUs)			\$25,085
Maximum Payment = \$23,500			

In this example, only \$23,500 will be paid to the district (unless reallocable funds are available) since they exceeded the total allocation and thus the full-service equivalent unit quota.

The total district quota of FSEU include families with one child under the age of three and families with two or more children under the age of three. To determine the number of FSEU for families with two or more children, multiply the number of families by the percent of attendance by 2.0.

***Example 3 - Families with Two or More Children Under the Age of Three***

15 Families x 100% (5 contacts) x 2.0 = 30 FSEUs
10 Families x 80% (4 contacts) x 2.0 = 16 FSEUs
10 Families x 60% (3 contacts) x 2.0 = 12 FSEUs
20 Families x 40% (2 contacts) x 2.0 = 16 FSEUs
5 Families x 20% ( 1 contact) x 2.0 = 2 FSEUs

**NOTE: This does not include high-needs contacts.**

In order to receive compensation at the 2.0 level of funding, developmental information and guidance for all eligible children must be delivered to the family.

Social functions are not counted as educational sessions. Additional opportunities for personal visits in the home or at the center should be offered for families who cannot or do not attend group meetings. The schedule of personal visits and group sessions must include at least a monthly offering for each participating family.

3. **Parent Education – Three to Five Program:** Full reimbursement of parent education for families of children ages three to five is available for each eligible **family** participating in one or more group or personal visits. A minimum of two contacts (personal visits or group meetings) shall be offered by the district. **Reimbursement is based on services per family not per child.**

No extra compensation is available for families with two or more children participating only in the parent education for families of children ages three to five.

Districts providing services to families eligible under both parent education programs may request reimbursement for both programs based on family participation.

If reallocable funds are available, they will be distributed only for serving additional families above the district's quota of full-service equivalent units.

**Early Childhood Development Act funds can be used only for programs authorized under this Act.**



## **CONTRACTUAL SERVICES**

If a school district is unable to offer one or more approved programs authorized by the Early Childhood Development Act, the district must seek to contract for the services with another district, public agency, or state-approved not-for-profit agency offering an approved program for such services upon request. The Department of Elementary and Secondary Education will assist districts in locating contractual services.

Agencies wishing to offer approved programs must submit a program application to the Department of Elementary and Secondary Education in such form as may be required and prepared by the Department of Elementary and Secondary Education to meet the program guidelines. It is recommended that applications be submitted by required date.

Whenever the Department of Elementary and Secondary Education finds that an agency with an approved program or programs has failed substantially to comply with the approved program application, the agency will be notified that the program approval is suspended until there is no longer such failure to comply.

School districts contracting with another district or agency with an approved program are responsible to:

- Enter into a valid contract with such agency;
- Monitor the service provisions under the contract to assure program guidelines are being met;
- Ensure adequate record keeping to justify reimbursements which should include name of family and child, birth date of child, entry date into program, exit date from program, if applicable, and number of contacts (personal visits and/or group meetings);
- Program records should be located at the school district;
- Submit to the Department of Elementary and Secondary Education a program application including the name of the contractor and any other information the Department of Elementary and Secondary Education may require;
- Submit to the Department of Elementary and Secondary Education any reports, including a final report, which may be required to enable the Department of Elementary and Secondary Education to fulfill its responsibilities under the Early Childhood Development Act; and
- Pay the contractor the amount due for the services rendered under the contract. All correspondence and payments from the Department of Elementary and Secondary Education will be sent to local districts, the legal fiscal agent.

The Department of Elementary and Secondary Education considers each school district to be responsible and accountable for this program.

## **COMMUNITY-BASED PLANNING AND RECRUITMENT MODEL**

As with other programs, strong internal commitment, leadership, and planning are critical to the success of the programs and services offered under the Early Childhood Education Act. The following plan, adapted from a model developed by Maritz Inc. in conjunction with the Missouri Commissioner of Education's Committee on Parents as Teachers, is recommended as a means to successful outcomes.

### **PHASE I – KEY ADMINISTRATOR**

The superintendent appoints an administrator who has both leadership ability and a strong commitment to the Early Childhood Education Act programs; one who is able to:

- Manage, inspire, and motivate those individuals important to the programs' success;
- Set goals and coordinate implementation timetables;
- Analyze the results of the programs; and
- Exercise sufficient authority to accomplish the desired results.

The administrator reports directly to the superintendent and should be prepared to manage a program organizational structure consisting of several different operating units similar to the model in the figure below.

### **PHASE II - INTERNAL COORDINATING COMMITTEE**

An Internal Coordinating Committee whose membership shares the ongoing responsibility for successful implementation of the Early Childhood Education Act programs and services is established. Membership includes:

- Elementary principal(s);
- Kindergarten and/or primary teacher(s);
- Child development and/or adult education teacher(s);
- Guidance counselors, school psychologists, if available;
- School nurse, if available;
- Community awareness person (staff or volunteer);
- Parent educators, if available;
- Teachers of programs for developmentally delayed children, if available; and
- Other early childhood/early childhood special education teachers, if available.

Collectively, this group should have knowledge of community, community resources, and the public communication network; administrative operations within the school system; child development and developmental problems; early childhood education and special education; and methods of communicating with parents.

Upon formation of the Internal Coordinating Committee, a meeting is scheduled to discuss matters pertinent to successful program planning, implementation, and evaluation.

Considerations include:

- Organization of the Early Childhood Education Act programs;
- Steps needed to implement a district wide plan;
- Timetables for implementation;
- Estimated number of eligible population for each service;
- Present resources available in district and community;
- Community awareness and publicity plan; and
- Plans for recruiting children and their families.

If a district chooses to contract with another district or public agency with an approved program(s) for some or all of the services, that agency or district is represented on the Internal Coordinating Committee.

If districts choose to co-op together for some or all of the services, an Internal Coordinating Committee composed of a sample representation of all involved districts is established. Together, the superintendents of the co-op districts choose a single administrator to oversee the co-op projects. Each district also retains a local administrator to see that programs and services are implemented for their district's children and that evaluations of programs are carried out.

### **PHASE III - COMMUNITY ADVISORY COMMITTEE**

A Community Advisory Committee whose membership includes interested citizens representing a variety of community organizations is established. The support and services of the groups represented will be essential for the success of the programs. Members of the committee represent:

- Local board of education;
- Mental health agency;
- Social services agency;
- Healthcare providers (agencies/individuals);
- Church/Ministerial Alliance;

- Civic service groups;
- PTA/PTO;
- Preschool parents;
- Senior citizen groups;
- Colleges, community and junior colleges, and university personnel;
- Private preschool directors; and
- Head Start directors.

Primary responsibilities of the Community Advisory Committee are to:

- Personally contact own constituencies to promote the Early Childhood Development Act services;
- Recruit prospective parents and children eligible for the Early Childhood Development Act services;
- Survey available community resources and gather needed information;
- Advise on options for coordinating programs and services between community and school; and
- Serve as a resource to the administrator and Internal Coordinating Committee.

Two-way communication between the Internal Coordinating Committee and the Community Advisory Committee is essential. The surveying and coordination of resources is an active and ongoing component of the programs.

**NOTE: In small districts, these two committees (Phase II and Phase III) may be combined.**

#### **PHASE IV – RECRUITING PARTICIPANTS**

The administrator initiates action leading to the formation of a recruitment plan to attract parents of children under five. The plan might include the following elements:

- Forming of preschool parents' group (perhaps part of PTA/PTO);
- Implementing program promotion and publicity within community; and
- Organizing a door-to-door neighborhood recruitment.

Volunteers would:

- canvas neighborhoods;
- identify potential participants;

- hand out program information/registration material, phone number to call for screening and parent education; and
- do follow-up contacts, phone calls to gain commitment to participate.

## **PHASE V – GENERATING COMMUNITY SUPPORT THROUGH MEDIA CAMPAIGN**

When plans are in place and the timing is appropriate, the administrator initiates promotion of the services within the community. Suggestions for publicity include:

- A special announcement to be sent home with school-age children explaining the programs, describing the benefits of the programs, inviting parents of children under five to participate in the new programs, and requesting parents to inform others about programs;
- Announcement for school district newsletter giving all program information;
- News (and later feature) releases for newspapers, radio, and television stations;
- Informational brochures to be stuffed in grocery sacks by volunteers (PTA/senior citizens' groups or perhaps the grocery stores themselves);
- Posters in highly frequented areas in the community for parents with children under five, such as infants' and children's stores, and areas where newspapers may not reach, such as housing projects;
- Letters, brochures, and posters to organizations and agencies in the community that have contact and/or provide services to young children, explaining the purposes of the programs, and requesting referrals; and
- Presentations to civic organizations and prenatal classes.

**NOTE:** Phases IV and V should occur simultaneously.

## **PHASE VI – EVALUATING PROGRAM PERFORMANCE**

The administrator and members of the Internal Coordinating Committee make regular ongoing evaluations of program performance. Periodic monitoring of program results will help to focus on both the strengths and weaknesses of the programs. As a result, problems can be corrected as they arise. To aid the evaluation process, establish specific goals and timetables for reaching those goals.

Each program's evaluation results are shared with the superintendent, members of the Internal Coordinating Committee, the Community Advisory Committee, and others important to the program's success.

**For information regarding early childhood or the Early Childhood Development Act (SB658) funding and administrative issues, contact:**

**Early Childhood Education Section  
Department of Elementary and Secondary Education  
Post Office Box 480  
Jefferson City, MO 65102-0480  
Telephone - (573) 751-2095  
Fax - (573) 522-5085  
[http://www.dese.state.mo.us/divimprove/fedprog/earlychild/ECDA/ecda\\_index.htm](http://www.dese.state.mo.us/divimprove/fedprog/earlychild/ECDA/ecda_index.htm)**

**For information regarding Parents as Teachers training and certification issues, contact:**

**Parents as Teachers National Center  
2228 Ball Drive  
St. Louis, MO 63146  
Telephone - (314) 432-4330  
Fax - (314) 432-8963  
[www.patnc.org](http://www.patnc.org)**